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PTO/SB/05 (2/98)
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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No. | F-189 |
| | First Inventor or Application Identifier | Robert A. Cordery, et al |
| | Title | Secure User Certificate For Electronic Commerce Employing Value Metering System |
| | Express Mail Label No. | EE628583767US |

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|---|--|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text"/> <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | 7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> 4. Oath or Declaration [Total Pages <input type="text"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: |
| 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| 17. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09 / 133,706 Prior application information: Examiner <u>S. Cangialosi</u> Group / Art Unit: <u>2732</u> | |
| 18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small> | |

| | | | |
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| Name (Print/Type) | Charles R. Malandra, Jr. | Registration No. (Attorney/Agent) | 31,038 |
| Signature | <i>Charles R. Malandra</i> | Date | 8-29-2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Attorney Docket No.: F-189
Robert A. Cordery, et al.) Group Art Unit: N/A
Serial No.: N/A) Examiner: N/A
Filed: Concurrently herewith) Date: August 29, 2000
Title: SECURE USER CERTIFICATE FOR ELECTRONIC COMMERCE
EMPLOYING VALUE METERING SYSTEM

CERTIFICATE OF MAILING BY EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached Patent Application, Drawings, CPA transmittal letter, Preliminary Amendment, Declaration and Power of Attorney was deposited with the U.S. Postal Service for delivery by Express Mail on August 28, 2000. The number of the Express Mail mailing label is EE628583767US.

Respectfully submitted,



Charles R. Malandra, Jr.
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Attorney of Record
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August 29, 2000



BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

Sir:

For the application transmitted herewith

For: **SECURE USER CERTIFICATE FOR ELECTRONIC COMMERCE EMPLOYING VALUE
METERING SYSTEM**

Docket Number F-189

Inventor: Robert A. Cordery, et al.


The filing fees, after entry of the Preliminary Amendment field herewith, are calculated as follows:

| | | | | | | | |
|---------------------------|-----------------|--------|-----------------|---|----------|---|-----------|
| Basic Fee | | | | | | | \$ 790.00 |
| Claims Fee | Number Filed | | Number Extra | | Rate | | |
| Total Claims | 2 | - 20 = | 0 | X | \$22.00 | = | \$ 00.00 |
| Independent Claims | 1 | - 3 = | 0 | X | \$82.00 | = | \$ 00.00 |
| Multiple Dependent Claims | | | | | \$270.00 | = | \$ |
| Total Filing Fee | | | | | | | \$790.00 |

Please charge our Deposit Account Number **16-1885** in the amount of \$ 790.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account Number **16-1885**.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.


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